

CLAIMS ONLY

Application Number

101647442

"Filing" Date

Applcân(s)

* May be used for addittional claims or amendments

CLAIMS	AS FILED		AFTER FIRST AMENDMENT		AFTER SECOND AMENDMENT	
	Indep.	Depend	Indep.	Depend	Indep.	Depend
1	/	/				
2		/				
3	/					
4		/				
5	/					
6		/				
7	/					
8		/				
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48						
49						
50						
Total Indep	4					
Total Depend	22					
Total Claims	26					

May be used for additional claims or amendments

	Indep	Depend	Indep	Depend	Indep	Depend
51						
52						
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Total Indep						
Total Depend						
Total Claims						